MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1131 190 Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-13M

1. PLACE OF DEATH:
County: Howard
City or town: Rockburn (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 21 yrs
Hospital, institution, or street address where death occurred: Rockburn Hills
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Howard
City or town: Rockburn (If outside city or town limits, write RURAL and give nearest town)
Street No.: Rockburn Hill (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Charles E. Anders

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Elizabeth A.
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan 6th 1895

8. AGE: Years	Months	Days	If less than one day
55	10	8	hrs. min.

9. Birthplace: Hamilton, Va. (Town, county, and state)
10. Usual occupation: Store keeper (260K)
11. Industry or business: B & O R.R.
FATHER 12. Name: Charles W. Anders
13. Birthplace: Md.
MOTHER 14. Maiden name: Ora J. Silcott
15. Birthplace: Hamilton, Va
16. Informant: Mrs. Elizabeth A. Anders
Address: Rockburn, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/17/50 (month) (day) (year)
Cemetery or crematory: Grace Episcopal Cem.
Location: Elkridge Md.
18. Funeral director: John C. Brown & Son
Address: 901 Hollins Street
19. 11-14 1950 (Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 14th 1950 at 2:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 1943 to Nov 14 1950 and that I last saw him alive on Nov 10 1950

Immediate cause of death	DURATION
Arteriosclerosis	7 yrs.
Due to Coronary sclerosis	7 yrs.
Due to 420.1	
Other conditions Diabetes 61	18 mos.

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frederick V. Beattie M. D. or other
Address: 723 Medical Arts Bldg. Date signed: Nov 14-50.

11311

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ellicott City
LENGTH OF STAY (in this place) 18 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. & J. O'Donnell Farm Vineyard Rd. Ellicott City

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ellicott City, Md
STREET ADDRESS (If rural give location) Vineyard Rd. Ellicott City, Md

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) T. (Last) BRITTON
4. DATE OF DEATH (Month) 11 (Day) 9 (Year) 1950
5. SEX Male
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 10-23-79
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) CONWAY, NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JOHN BRITTON
14. MOTHER'S MAIDEN NAME MARGARET ANN Woodard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If yes, give war or dates of service) 1917-1918
16. SOCIAL SECURITY No. 212-22-0270
17. INFORMANT MR. ERNEST JOHN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Cardio Vascular	5 years
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Disease	
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtorf (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 11-9-50
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-11-50
NAME OF CEMETERY OR CREMATORY Mt. Vernon
LOCATION (City, town, or county) Howard County (State) Md
DATE REC'D BY LOCAL REG. Nov. 11, 1950
REGISTRAR'S SIGNATURE John B. Loughran. Pre. B. E. L.
24. FUNERAL DIRECTOR F. C. Higinbotham ADDRESS

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11312

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulton; LENGTH OF STAY (in this place) 72 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Plummer	A.	Crass	Nov.	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	married	Dec 26, 1877	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own farm	Fulton Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Reuben Plummer Crass	Margaret Jane Crass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Mrs P. A. Crass, Fulton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic cardiac failure	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic heart disease	10 years
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from 2/28, 1946, to 11/29, 1950, that I last saw the deceased alive on 11/28, 1950, and that death occurred at 8 30/P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles S. Whitaker	M.D.,	Clarksville Maryland	12/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 1, 1950	Emmanuel Cemetery	Scaggsville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-1-50	Marie A. Whitaker	DeWitt Donaldson	Laurel, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

11313

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto.
STREET ADDRESS (If rural, give location): 1132 Forrest St.

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Odell (Last) Deimling

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 8/2/1915

9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Mens Clothing

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Robert Turner

14. MOTHER'S MAIDEN NAME: Sallie Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-18-3152

17. INFORMANT: Herman J. Turner 1610 Marshall St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 — Immediate cause (a): Coronary Thrombosis — Interval between onset and death: 10 min.

94a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Exhaustion — One week

(c): Manic State of Manic Depressive psychosis — Several weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1950, to Nov 14, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE: Irving J. Taylor M.D. (Degree or title) ADDRESS: Pinel Clinic, Ellicott City, Md DATE SIGNED: 11-15-1950

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE: 11/18/50 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville Md.

DATE REC'D BY LOCAL REG.: 11/16/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 127 St. Paul St.

JT

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mw

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

11314

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ellicott City
LENGTH OF STAY (in this place) passing through
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLD ROUTE #40 4 mi. WEST of ELLICOTT CITY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (19)
STREET ADDRESS (If rural give location) 2507 Sparrows Point Road

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) THEODORE (Last) EDWARDS
4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH 5-15-1910
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET MILL ROLLER
10b. KIND OF BUSINESS OR INDUSTRY BETH STEEL CO
11. BIRTHPLACE (State or foreign country) NEW PHILA. OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JACOB LEROY EDWARDS
14. MOTHER'S MAIDEN NAME MARTHA JANE JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 278-09-0236
17. INFORMANT MRS. BETTY LEE EDWARDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Fracture of Skull at base — instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crushing of Chest — instant

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40
Rural (CITY OR TOWN) Ellicott City (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) 11 (Day) 28 (Year) 1950 (Hour) 3:50 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Head on collision between 2 cars

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, occident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtorf (Degree or title) M.D. DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY
ADDRESS Ellicott City, Md.
DATE SIGNED 11-28-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 1, 1950
NAME OF CEMETERY OR CREMATORY OAK LAWN
LOCATION (City, town, or county) COLGATE (State) MD

DATE REC'D BY LOCAL REG. 11/30/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME ADDRESS 2112 BUNDACK AV.

JT

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11315

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup, Rural; LENGTH OF STAY (in this place) 35 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup, Rural; STREET ADDRESS (If rural, give location) Asbury

3. NAME OF DECEASED (Type or Print): (First) Rudolphus (Middle) [illegible] (Last) Gaither

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 6 1886

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Dorsey, A.A. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rudolph Gaither

14. MOTHER'S MAIDEN NAME: Amanda Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. — —

17. INFORMANT, AND ADDRESS: Ben. Gaither, Jessup, Md., (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ac. Cardiac Dil. — Interval Between Onset and Death: 1 hr.

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Myocarditis — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE ✓ (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1950, to Nov. 13, 1950, that I last saw the deceased alive on 11/13/50, 19..., and that death occurred at 3½ a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley M.D. ADDRESS Savage, Md. DATE SIGNED 11/13/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 11/16/50 | NAME OF CEMETERY OR CREMATORY Asbury | LOCATION (City, town, or county) Jessup, R.F.D. | (State) Md.

DATE REC'D BY LOCAL REG. 11/13/50 | REGISTRAR'S SIGNATURE Frank Shipley, | 24. FUNERAL DIRECTOR ADDRESS Ratie R. Williams, 321 N. Schroeder St. 000 W Balto. 23, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11316

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	E	Johnson	11	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
F	W	married	about 1864	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Baltimore	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Thomas H. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic heart failure	2 weeks
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) arteriosclerotic heart disease with hypertension	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1946, to Nov. 10, 1950, that I last saw the deceased alive on Nov 9, 1950, and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles S. Whitaker, M.D.		Clarksville, Maryland	11/11/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-13-1950	Loudon Park	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-11-50	Mario A. Whitaker	F. C. Higinbotham	

VS. A15

RECEIVED
NOV 14 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11317

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ilchester; LENGTH OF STAY (in this place) 30 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Rd Patuxent - Ilchester

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ilchester; STREET ADDRESS (If rural, give location) Old Annapolis Rd

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Emma (Last) Pennington

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 29 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Oswald Pennington

14. MOTHER'S MAIDEN NAME: Clara H Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT: Mr Hubert Pennington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Softening of the Brain — Interval Between Onset and Death: 6 mo.

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis generalized — 10 yr.

830

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1950, to Nov 30, 1950, that I last saw the deceased alive on Nov 30, 1950, and that death occurred at 9:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert L McGreevy M.D. 402 Main St Jessup Md 12/30/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/4/50 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): E. North Ave Md

DATE REC'D BY LOCAL REG. 12/4/50 — REGISTRAR'S SIGNATURE: C W Hedrick — 24. FUNERAL DIRECTOR ADDRESS: Mildred T. Blight, 6009 Harford Rd

51

24691

11318

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
LENGTH OF STAY (in this place): 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) (Last) Preipa
4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 18, 1823
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Naples, Italy
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Francis Wheeler, Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	4 mos.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Hypertension + arteriosclerosis	?
	(c)	

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1950, to Nov. 16, 1950, that I last saw the deceased alive on Nov. 16 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: Frank Shipley, M.D. (Degree or title) — ADDRESS: Savage, Md. — DATE SIGNED: 11/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 18, 1950
NAME OF CEMETERY OR CREMATORY: Savage Cemetery
LOCATION (City, town, or county) (State): Savage, Maryland

DATE REC'D BY LOCAL REG.: 11/18/50
REGISTRAR'S SIGNATURE: Frank Shipley
24. FUNERAL DIRECTOR: DeWitt Donaldson, Laurel, Md. — ADDRESS:

988V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 21 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11319

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ellicott City, Md.
LENGTH OF STAY (in this place) passing through
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLD ROUTE 40 4 mi. WEST OF ELLICOTT CITY, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural give location) R.F.D. 10

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) J. (Last) RYCHTAR
4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH JULY 8 1898
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN
10b. KIND OF BUSINESS OR INDUSTRY BETH. STEEL CO
11. BIRTHPLACE (State or foreign country) BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME EDWARD RYCHTAR
14. MOTHER'S MAIDEN NAME JOSEPHINE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-07-4699
17. INFORMANT EDWARD M. RYCHTAR 4309 E WILKINS AV.-29

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) FRACTURE of SKULL at Base — INSTANT

816.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crushing of Chest — INSTANT

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ROUTE 40
Rural (CITY OR TOWN) Ellicott City (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) 11 (Day) 28 (Year) 1950 (Hour) 3:50 pm.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Head on collision between 2 cars

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtorf (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 11-28-50
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 1, 1950
NAME OF CEMETERY OR CREMATORY OAK HILL
LOCATION (City, town, or county) (State) BALTIMORE MD
DATE REC'D BY LOCAL REG. 11/30/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME ADDRESS 2112 DUNDALK N.

33629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

11320

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge (Rural); LENGTH OF STAY (in this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash Blvd Box 252

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Rural; STREET ADDRESS (If rural, give location) Box 252 Wash Blvd.

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) Snider (Last)

4. DATE OF DEATH: (Month) Nov (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 30-1863

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Carroll Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Pickings

14. MOTHER'S MAIDEN NAME: Adelle Pickings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs Carrie Buffington Elkridge 27 Md Box 252

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Rectum (& Recto Vaginal Fistula)	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Abdominal Carcinomatosis	4 mo.
	(c) Myocardial Insufficiency	2 mo.
		10 yrs

154X 46d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Nov 27, 1950, that I last saw the deceased alive on Nov 27, 1950, and that death occurred at 6 20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr B B Brumbaugh 5609 main St Elkridge 27 Md. 11/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov. 30, 1950

NAME OF CEMETERY OR CREMATORY: Meadow Ridge

LOCATION (City, town, or county) (State): Dorsey, Md.

DATE REC'D BY LOCAL REG. 12-4-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook Inc. 1217 E. Paul St

11321

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Elkridge
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Elkridge
STREET ADDRESS (If rural, give location) 1728 Hunt Club Road

3. NAME OF DECEASED (Type or Print) (First) EMERSON (Middle) PORTER (Last) TENNEY
4. DATE OF DEATH (Month) Nov (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct 4, 1884
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Guard at Nat. Dist.
11. BIRTHPLACE (State or foreign country) Union Town Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-12-9936
17. INFORMANT AND ADDRESS Mr Murriel T. Stivers, Hunt Club Road W. Elkridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Apoplexy c̄ Left Hemiplegia	8 da
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	3 yrs
93d	(c) Chr Myocarditis	1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1950, to Nov 23, 1950, that I last saw the deceased alive on Nov 23, 1950, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE Dr B B Brumbaugh (Degree or title) ADDRESS 560 Main St Elkridge 27 Md DATE SIGNED 11/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 27, 1950
NAME OF CEMETERY OR CREMATORY Meadow Ridge Men. Park
LOCATION (City, town, or county) Dorsey, Howard Co. (State) Md.

DATE REC'D BY LOCAL REG. Nov. 25, 1950
REGISTRAR'S SIGNATURE Miss E. Bird William
24. FUNERAL DIRECTOR Henry W. Jenkins + Sons Co ADDRESS 4905 York Road Baltimore, Md.

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 27 1950
BUREAU V. S